



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Scheer)	Examiner:	Cuff, Michael A.
)		
Serial No.:	09/867,200)	Art Unit:	3627
)		
Filed:	May 29, 2001)	Attny Doc.:	31083.05US3
)		
Title:	Method For Managing)		
	Inventory Within An)		
	Integrated Supply Chain)		

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated October 5, 2004 please enter the following amendments and consider the following remarks.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

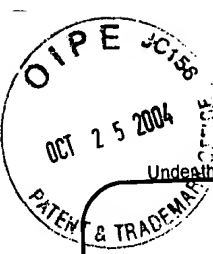
Remarks/Arguments being on page 4 of this paper.

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By: Ranni Matar

Name: Ranni Matar



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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/867,200
Filing Date	05/29/2001
First Named Inventor	Robert H. Scheer
Art Unit	3627
Examiner Name	Cuff, Michael A.
Attorney Docket Number	31083.05US3

Total Number of Pages in This Submission 7

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

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Date	October 20, 2004

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Typed or printed name	Ranni Matar
Signature	
Date	October 20, 2004

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